

PO Facility Risk Assessment

Name(s) of Risk Team Members:	Point Value → Parameter ↓	1	2	3	4	5
Area/Facility Description Title:	Occupancy or Use	≤once/year	≤once/month	≤once/week	≤once/shift	>once/shift
Area/Facility # (if applicable): PO-FRA-						
Area/Facility Description:	Severity	First Aid Only	Medical Treatment	Lost Time	Partial Disability	Death or Permanent Disability
Date:	Rev.#:	Extremely Unlikely	Unlikely	Possible	Probable	Multiple
Reason for Revision (if applicable):				Comments:		

Physical Item or Activity	Hazard(s)	Control(s)	Risk with Controls in Place				Control(s) Added to Reduce Risk	Risk with Additional Controls in Place				% Risk Reduction
			Occupancy A	Severity B	Likelihood C	Risk* AxBxC		Occupancy A	Severity B	Likelihood C	Risk* AxBxC	
Further Description of Controls Added to Reduce Risk:												
*Risk:	0 to 20 Negligible	21 to 40 Acceptable	41 to 60 Moderate				61 to 80 Substantial				81 or greater Intolerable	